


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90018 046 ****70.00

DOCUMENT # 702242
 1. Entity Name
UNIVERSITY OF MIAMI



Principal Place of Business
 OFFICE OF THE PRESIDENT
 1252 MEMORIAL DR., ASHE BLDG., RM. 230
 CORAL GABLES, FL 33146 US

Mailing Address
 OFFICE OF THE PRESIDENT
 1252 MEMORIAL DR., ASHE BLDG., RM. 230
 CORAL GABLES, FL 33146 US

94051955



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number
59-0624458

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
REYES, JUAN
JACKSON MEDICAL TOWERS
1500 N.W. 12TH AVE., STE. 1112 EAST
MIAMI, FL 33136

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **ALAN J. FISH** eff. 4/14/2004
 Street Address (P.O. Box Number is Not Acceptable)
1507 LEVANTE AVENUE
327 MAX OROVITZ BUILDING
 City: **CORAL GABLES** FL Zip Code **33146**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Alan J. Fish
V.P. for Business Services

SIGNATURE: *Alan J. Fish*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHALALA, DONNA E 11000 SOUTHWEST 83RD AVE MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FROST, PHILLIP 4400 BISCAYNE BLVD. 15ST FLR. MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COLSON, DEAN C 255 ARAGON AVE. 2ND FLR. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WEEKS, MARTA S 7350 SOUTHWEST 162ND ST. 633157 MIAMI, FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARKIN, STANLEY H 5500 COLLINS AVE. APT. 603 MIAMI, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, ROBERT 16240 ONEIDA PL DAVIE, FL 33331 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Blake* **Robert L. Blake**
 V.P., General Counsel & Secretary April 13, 2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR of the University Date Daytime Phone #

Attachment

University of Miami Board of Trustees
Post Office Box 248042
Coral Gables, Florida 33124-2420

70 2242

Phillip Frost
Chairman

* * *

Dean C. Colson
Vice Chair

Marta S. Weeks
Vice Chair

Carlos A. Saladrigas
Vice Chair

* * * * *

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Attachment

Page 2 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

702242

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Attachment

Page 3 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

Page 4 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

Page 5 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

Page 6 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

Page 7 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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¹ - Life Trustee

² - Alumni Trustee

Attachment

Page 8 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

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Attachment

Page 9 -- Board of Trustees, University of Miami, Coral Gables, Florida 33124-2420

EMERITI TRUSTEES

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Mr. Harcourt M. Sylvester, Jr.

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